

**SECTION 9
ATTACHMENT A
APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD**

APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD _____	ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF DEVELOPMENTAL DISABILITIES
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APPLICATION

TO: THE STATE OF ARIZONA The Undersigned hereby applies and agrees to provide the service(s) in compliance with the RFQVA. For clarification of this application, contact:	
_____ Name _____ Phone Number _____ Fax Number _____ E-Mail Address If awarded a Qualified Vendor Agreement, all notices should be sent to: _____ Name _____ Mailing Address _____ City State Zip _____ Phone Number Fax Number _____ E-Mail Address	_____ Federal Employer Identification Number _____ Company Name _____ Mailing Address _____ City State Zip _____ Phone Number Fax Number _____ E-Mail Address _____ Signature of Person Authorized to Sign Application _____ Printed Name _____ Title

APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY)

<p>Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's application as accepted by the State.</p> <p>This agreement shall henceforth be referred to as Qualified Vendor Agreement No._____. The begin date and the effective date of this agreement is either the date that this award is signed by the Procurement Specialist or July 1, 2003, whichever is later.</p> <p style="text-align:right">State of Arizona Awarded this Date: _____ _____ Procurement Specialist</p>	
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